

487 WORK REQUEST FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES BUREAU OF INSPECTION AND INCIDENT RESPONSE

File Number <u>118-111-5023</u>

File Name GULF CITRUS HARVESTING AND HAULING INC

eport Date <u>5/15</u>	/2018 Received By NEWTON	Refe	rral Type	Category	<u>EPA</u>
☐ FDACS/HQ Reques		Original Case No:			
✓ Attachment	☐ Inspector Request	Anonymous			
Complainant Detail					
Last Name	First Name				
Firm (if applicable):					
Address					
City:	State FL Zip Code	Count	ty		
Home Phone	Cell Phone	Work F	Phone		
E-mail					
Subject of Complain			Dhana		
· ·	_F CITRUS HARVESTING AND I		Phone		
Last Nam MARSH	First Name JAMI	<u> </u>	Credential N	lo	
	BLVD. PO BOX 1347	22025	LIENDOV		
City: <u>LABELLE</u> E-mail	State <u>FL</u> Zip Code <u>s</u>	33935 County	HENDRY		
	e changed, contact the referral reflect the name of the parties i		ake the approp	oriate	***************************************
Referred to BECHTEL		Date Sent to Field	: <u>5/16/</u> 2	2040	
		Date Cont to 1 total	. <u>5/10/</u>	2018	

Reinspection Due Date:	